

# Memorandum



City of Tempe

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Date: February 8, 2011

Subject: **Medical Marijuana Application Processing Procedures**

**February 28, 2011** Acceptance of applications for Medical Marijuana Dispensaries / Cultivation Facilities.

## PROCESS FOR ACCEPTING APPLICATIONS:

1. On Monday, February 28, 2011, during normal business hours 8 a.m. to 5 p.m., staff will accept applications for Medical Marijuana Dispensaries or Cultivation Facilities. Submit application in-person only at the Community Development Department's offices at 31 East 5<sup>th</sup> Street (Tempe City Hall, Lower Garden Level).
2. Applications received on February 28, 2011 will be placed into a random drawing selection process to determine the order of application review by staff. This process will avoid having applicants wait in line for an extended period of time in order to be first for consideration.
3. Each site location will require a separate application. Each application must be completed as a stand alone submittal.
4. All applications received after February 28<sup>th</sup> will be reviewed in the order received.
5. The random drawing selection will be conducted on Tuesday, March 1, 2011, at Noon. Drawing location will be at the Tempe City Hall - City Council Chambers at 31 E. 5<sup>th</sup> Street. Applicants are not required to attend the drawing. Results will be posted in the Community Development Department's lobby by 1:00 p.m.

## APPLICATION REVIEW PROCESS:

6. Applicants must submit a COMPLETE APPLICATION, as outlined in the submittal checklist, and include a non-refundable review fee in the amount of \$341.00.
7. Each application received by the City of Tempe, Community Development Department, will be reviewed based on the following criteria:
  - a. Conformance to the requirements specified in Section 3-426 of the Zoning and Development Code (Ordinance No. 2011.01, Medical Marijuana).

- b. Submittal of all items identified in the Medical Marijuana Dispensary and/or Cultivation Facility Application Checklist (form on the following page). If any items are not provided by the applicant at the time of initial submittal, the application will be considered an INCOMPLETE APPLICATION. Incomplete applications will not be eligible for review until all missing items are provided.
- c. Compliance with a. & b. above (subject to staff review, see Status Letter No. 9 below) will reserve the site location identified in the application for 60 calendar days. No additional applications within a ¼ mile of the site will be authorized.
- d. Noncompliance with a. & b. above will result in a determination of NOT IN COMPLIANCE and the application will not be considered for further review.
- e. Applicants will be contacted by city staff regarding the status of their application.

### **STATUS LETTER**

- 8. Applicants with sites that comply with a. & b. above (subject to staff review) will be issued a letter, within 10 calendar days, stating the site is IN COMPLIANCE. The letter will also identify any items that may be required prior to the issuance of a building permit or in order to receive a certificate of occupancy.
- 9. Additional information may be required of the applicant prior to the issuance of the letter in order to verify that any outstanding issues are resolved (If the applicant does not submit any corrections or missing information within 60 calendar days from the date of the original submittal, the pending application will automatically expire. And a new application would be required).
- 10. The site will be identified as a PENDING MEDICAL MARIJUANA SITE, subject to application and final determination by the Arizona Department of Health Services. This IN COMPLIANCE letter will be valid for 60 calendar days from the date the application was submitted or until the dispensary registration certificate with the state expires.
- 11. Applicants with sites that do not comply with a. & b. above will be issued a letter, within 10 calendar days, stating that the site is NOT IN COMPLIANCE. There will be no further processing of the application. A new application will be required for future processing.

# Medical Marijuana Dispensary and/or Cultivation Facility Application Checklist:

A Complete Submittal shall include ALL OF THE FOLLOWING:

1. A completed Project Submittal Form; and
2. A completed Business/Property Owner Listing information form; and
3. Application fee (non-refundable); and
4. Property owner's letter of authorization for a Medical Marijuana related business; and
5. The name and location of the dispensary's off-site cultivation facility, if applicable; and
6. A map (8 ½ x 11") showing site in compliance with Tempe's separation requirements; and
7. A copy of the (draft) business operating procedures in accordance with regulations; and
8. A Site Plan (24 x 36" size and 8 ½ x 11" reduction), with the following:
  - a. Site Information
    1. Name of design team & business owner (contact name, address, and phone).
    2. Project Name.
    3. Site Address.
  - b. Site Layout
    1. Fully dimensioned plan drawn to scale, with North arrow.
    2. Location/Vicinity map.
    3. Existing/Proposed configuration of buildings
    4. parking, walkways and landscape areas
    5. Property lines.
    6. Adjacent street right-of-way and alleys
    7. Location of all exterior lighting (existing/proposed)
    8. All refuse areas (existing/proposed).
  - c. Site Data
    1. Zoning district.
    2. Parcel size
    3. Total building area and tenant area
    4. Type of construction per Building Code.
    5. # of parking required/provided, (calculate per use defined in Sec. 4-600 Parking).
9. A scaled floor plan (24 x 36" size and 8 ½ x 11" reduction) with labeled rooms, dimensioned, including the occupancy classification of areas per Building Code; and
10. A completed Hazardous Materials Information form; and
11. A completed Security Plan form.

# Project Submittal Application

City of Tempe  
Development Services Department  
31 E. 5<sup>th</sup> Street, Garden Level, Tempe, AZ 85281  
Building Safety - Phone: 480-350-8341 Fax: 480-350-8677  
Planning - Phone: 480-350-8331 Fax: 480-350-8872  
[www.tempe.gov](http://www.tempe.gov)



## Project Information - Required

Project Name:	
Project Address:	Suite No.: <input type="checkbox"/>
Proposed Use of Building/Suite:	Existing Zoning: <input type="checkbox"/>
Legal Description: <input type="checkbox"/> Attached	Parcel No.: <input type="checkbox"/>
Description of Work/Request:	

Valuation (for building plan review only):

## Applicant Information - Required

Company or Firm Name:			Telephone 1: ( ) Ext: _____	
Applicant's Name:			Telephone 2: ( ) Ext: _____	
Applicant's Street Address :			Fax: ( )	
City:	State:	Zip:	Email Address(es):	
Applicant Signature:			Date:	

## For City Use Only

Planning	Fees	Building	Engineering	Submitted Materials:
<input type="checkbox"/> SPR		<input type="checkbox"/> New Building	<input type="checkbox"/> Engineering	<input type="checkbox"/> Building <input type="checkbox"/> Fire
<input type="checkbox"/> Dev Plan Review		<input type="checkbox"/> Complete	<input type="checkbox"/> Revision	<input type="checkbox"/> Planning <input type="checkbox"/> Signs
<input type="checkbox"/> Sign Permit		<input type="checkbox"/> Prelease	<b>Tracking Nos.:</b> DS _____ BP _____ EN _____ PL _____ X _____ PC _____ PPC _____ CA _____ FR _____ RA _____ SGN _____ PF _____	<input type="checkbox"/> Engineering
<input type="checkbox"/> Use Permit		<input type="checkbox"/> Basic		<input type="checkbox"/> Spec Book(s) <input type="checkbox"/> Soils Report
<input type="checkbox"/> Variance		<input type="checkbox"/> Add/Alt		<input type="checkbox"/> Structural Calcs <input type="checkbox"/> Report
<input type="checkbox"/> General Plan Amend		<input type="checkbox"/> TI		<input type="checkbox"/> Truss Calcs <input type="checkbox"/> Materials
<input type="checkbox"/> Zoning Amend		<input type="checkbox"/> AFES (O/H)		<input type="checkbox"/> Hydraulic Calcs <input type="checkbox"/> Color Board
<input type="checkbox"/> Zoning Verification Letter		<input type="checkbox"/> MF		<input type="checkbox"/> Parking Analysis <input type="checkbox"/> Haz Mat Form
<input type="checkbox"/> Subdivision/Condo		<input type="checkbox"/> NRes		<input type="checkbox"/> Lighting Cut Sheets <input type="checkbox"/> Other:
<input type="checkbox"/> PAD Overlay		<input type="checkbox"/> Res Remodel/Add		<b>Total Valuation:</b>
<input type="checkbox"/> Legal Posting Signs		<input type="checkbox"/> Pool		<b>Total Submittal Fees:</b>
<input type="checkbox"/> Administrative Decision		<input type="checkbox"/> Demo		<b>Validation:</b>
<input type="checkbox"/> Abatement		<input type="checkbox"/> Grading Only	<b>Date Stamp:</b>	
<input type="checkbox"/> Shared Parking		<input type="checkbox"/> Phased Constr		
<input type="checkbox"/> CCR Review		<input type="checkbox"/> Phased Constr w/UG MEP		
<input type="checkbox"/> Continuance		<input type="checkbox"/> Structural Frame		
<input type="checkbox"/> Appeal		<input type="checkbox"/> MEP Only		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Mobile Home		
<b>Fire</b>		<input type="checkbox"/> Factory Built Bldg		
<input type="checkbox"/> Tanks		<input type="checkbox"/> Deferred submittal		
<input type="checkbox"/> Spray Paint Booth		<input type="checkbox"/> Revision		
<input type="checkbox"/> Special Extinguishing		<input type="checkbox"/> New Standard		
<input type="checkbox"/> Fire Alarm		<input type="checkbox"/> Permits based on Standard #		
<input type="checkbox"/> Kitchen Hood System		<input type="checkbox"/> Suiting	<b>MCA Code:</b>	
<input type="checkbox"/> Rack Storage		<input type="checkbox"/> Other _____	<b>File With:</b>	
<input type="checkbox"/> Hazmat			<b>Received By:</b>	
<input type="checkbox"/> Other _____				

Planning Submittals are Subject to Dissemination to the Public

Please See Reverse for Instructions, Submittal Information and Time Limit of Application

# DEVELOPMENT SERVICES – PLANNING

## Planning Application Form / Checklist



REQUIRED*	PROPERTY OWNER INFORMATION			
BUSINESS NAME:				
CONTACT NAME:				
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:				
FAX:				
EMAIL:				

If Property Owner identified above is not representing this case or is not the applicant identified on the Project Submittal Form, the Property Owner(s) is **required** to sign the authorization statement below or submit a written statement authorizing the applicant to file the request(s).

### PROPERTY OWNER AUTHORIZATION

I hereby authorize \_\_\_\_\_ (applicant business name/contact name)  
to process this application with the City of Tempe

\_\_\_\_\_  
Property Owner's Signature

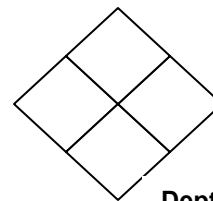
Required if Property Owner is different than Business Owner	BUSINESS OWNER INFORMATION			
BUSINESS NAME:				
CONTACT NAME:				
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:				
FAX:				
EMAIL:				

Required if Business Owner is different than Applicant	APPLICANT INFORMATION			
BUSINESS NAME:				
CONTACT NAME:				
ADDRESS:				
CITY:		STATE:		ZIP:
PHONE:				
FAX:				
EMAIL:				

REQUIRED SIGNATURE	
<p>I, _____, agree that all items required for formal submittal as noted on page 1 have been submitted and is complete. If the submittal is incomplete in any respect, I understand there will be a delay in processing.</p>	<p>_____ Applicant Signature</p> <p>_____ Date</p>
OFFICE USE ONLY	<input type="checkbox"/> New PL-PROJ <input type="checkbox"/> Existing PL _____



City of Tempe  
HAZARDOUS MATERIALS INFORMATION



Permit Number: \_\_\_\_\_

Plan Check No. New \_\_\_\_\_  
Add. \_\_\_\_\_  
Alt. \_\_\_\_\_

Dept. Use Only

JOB ADDRESS	OWNER
SIZE OF NEW BUILDING OR ADDITION	USE OF NEW BUILDING OR ADDITION
PRESENT USE OF EXISTING BUILDING AREAS	DOING BUSINESS SINCE? (YEAR)
OCCUPANCY NAME	RESPONSIBLE PARTY/EMERGENCY COORDINATOR PHONE: _____

Does building have a fire sprinkler system? Yes or No \_\_\_\_\_  
Do You Generate Hazardous Waste? Yes or No \_\_\_\_\_ How Much Do You Generate Per Month? \_\_\_\_\_  
How Do You Dispose of Your Hazardous Waste? \_\_\_\_\_  
Have You Ever Done Business In Arizona Before? Yes or No \_\_\_\_\_  
Under What Name? \_\_\_\_\_ Address \_\_\_\_\_  
Contingency Plan? Yes or No \_\_\_\_\_ Location: \_\_\_\_\_

Indicate by a Yes or No for each of the following Hazardous Materials whether they are to be used, processed or stored in this building or property. (See definitions on back)

Combustible Dusts _____	Flam/Combust Materials _____	Radioactive Materials _____
Combustible Fibers _____	Flammable Solids _____	Toxic Materials _____
Compressed Gases _____	Highly Toxic Materials _____	Other Health Hazards _____
Toxic/Poisonous Materials _____	Liquid & Solid Oxidizers _____	Solids _____
Corrosive Material _____	Organic Peroxides _____	Liquids _____
Cryogenic Fluids _____	Pesticide _____	Gases _____
Explosive/Blasting Agents _____	Unstable (Reactive) Material _____	

Indicate equipment or process involving any of the above material:

Hydraulic Equipment _____	Dust Collectors _____	Drying Rooms _____	Fiberglass Operations _____
Indust/Medical Gas _____	Electro Plating _____	Flow Coaters _____	Baler or Shredder _____
Picking or Garnetting _____	Spray Painting _____	Dip Tanks _____	Aboveground Tanks _____
Magnesium Processing _____	Oven Process _____	Dry Cleaning _____	Underground Tanks _____
Molten Salt Baths _____	Welding/Cutting _____	Scrubbers _____	Others _____

***On reverse side, list any Hazardous Materials indicated above. Show maximum quantities in use, storage or processing and show flash point of flammable and combustible liquids. Provide Material Safety Data Sheets for each chemical listed.***

I certify that the information contained in this Report is true and correct to the best of my knowledge. I understand that any false statements or misrepresentations may result in the revocation of my certificate of occupancy and/or criminal prosecution. Violations of statutes and regulations pertaining to the use, handling and disposal of hazardous substances may result in criminal and/or civil prosecution. (A.R.S. § 49-261, 262, 263 and § 49-923, 924, 925) Changes in quantity, process or type of hazardous substances referred to in this Report must be submitted to the Development Services Department (P.O. Box 5002, Tempe, AZ 85280) within 14 days of the change becoming effective.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**DEVELOPMENT SERVICES DEPARTMENT USE**  
**480-350-8341**

Occupancy Classification \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_

Comments \_\_\_\_\_

are materials which explode, violently react, produce flammable, toxic or other hazardous gases, or evolve enough heat to cause self-ignition or ignition of nearby combustibles upon exposure to water or moisture.

# Security Plan



Police Department

120 E. Fifth Street  
Tempe, Arizona 85281  
(480) 350-8749  
FAX: (480) 350-8493

## MEDICAL MARIJUANA SECURITY PLAN

(Rev. 2/14/11)

Establishment:

Address:

Business Phone:

Business FAX:

Business E-Mail:

Maximum Occupancy:

Effective Date of Plan:

Date of Plan Review:

D.H.S. Permit Issue Date:

D.H.S. Permit # :



## I. PURPOSE OF THE PLAN

This Plan addresses security measures for an establishment whose use shall require a Security Plan pursuant to Tempe City Code, Section 26-70.

This Security Plan's purpose is to comply with the Security Plan conditions and/or requirements set forth in a Use Permit; to address the concerns of the zoning ordinance regarding: any significant increase in vehicular or pedestrian traffic, adequate control of disruptive behavior both inside and outside the premises, compatibility with surrounding structures and uses, any deterioration of the neighborhood or to the downgrading of property values; and to assist in providing an environment which may enhance safeguarding of property and public welfare and reduce the necessity for calls for service from law enforcement agencies.

This Security Plan, when approved by the City of Tempe, is granted to the establishment as set forth in Tempe City Code, Section 26-70. A Security Plan may be required as a condition prior to the acceptance of this use. Deviations from or changes, modifications or alterations to the Plan shall not occur without prior written approval of the City of Tempe. **A copy of this Security Plan must be kept on the premises at all times and shall be made available upon request.**

## II. PLAN OF OPERATION, PROGRAM PLAN AND HOURS

1. PERMITTEE NAME: \_\_\_\_\_

TYPE OF NOT-FOR-PROFIT ORGANIZATION: \_\_\_\_ Corporation  
\_\_\_\_ Sole Proprietorship \_\_\_\_ LLC \_\_\_\_ Partnership \_\_\_\_ Other

2. MANAGING AGENT(S):

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

3. BUSINESS OWNER(S) (if different than Managing Agent):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

4. PROPERTY OWNER or MANAGER (if different from Managing Agent):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

5. HOURS OF OPERATION: \_\_\_\_\_

6. OFF-SITE CULTIVATION FACILITY:

Name of Cultivation Facility: \_\_\_\_\_  
Name of contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_

7. DESCRIPTION OF OPERATIONS/SERVICES (attach or describe):

Services Provided: \_\_\_\_\_  
\_\_\_\_\_

Estimated Daily Attendance: \_\_\_\_\_

8. COOPERATION/COMPLAINTS/CONCERNS:

- a. Permittee will maintain communications with establishments located on and adjacent to the premises, and with residents and other businesses that may be affected by patrons or operations of the Permittee. Permittee designates the following person to receive and respond to concerns or complaints from other residents or businesses:
- b. Permittee, managing agents, on-duty managers, supervisors and security personnel will cooperate closely with Tempe police, officers and neighbors in addressing and investigating complaints and concerns.
- c. Permittee's managing agent(s) shall meet with Tempe Police Department when requested by the Security Plan Manager or other personnel of the Tempe Police Department on matters related to this Plan.

### **III. GENERAL SAFETY CONDITIONS**

1. Exterior entrances shall be illuminated with a minimum of five (5) foot-candles of light at ground level to six (6) feet vertical between the hours of sunset and sunrise.
2. Lighting shall be maintained to provide a minimum of two (2) foot-candles of light throughout all parking lots.
3. Existing exterior lamps provided on the building and in the parking areas for security of patrons and employees shall be repaired immediately when the light is not operational to maximize the lighting efficiency.
4. Only ADA locks shall be used on any public restroom doors.
5. Light switches to public restrooms (if provided) shall be inaccessible and incapable of use by anyone other than Permittee staff.
6. Landscape plantings shall not conflict with the above lighting standards. Landscape plantings, including trees, shall also be maintained to allow for good surveillance.
7. Any graffiti that may appear on the Permittee's property shall be removed or covered within forty-eight (48) hours, upon discovery or when notice is given by the Police Department.
8. All fire lanes shall be properly posted and curbs painted in RED.
9. All debris, including glass and can containers, shall be removed from parking lots and adjacent landscape areas after closing.
10. Closed Circuit Television (CCTV) system is required on the building entry/exit area, all points of sale, cultivation room and parking lot. Exterior cameras must be illuminated for sufficient camera quality recording. The CCTV must be digitally recorded and the recording medium must be saved for a minimum of thirty-one (31) days. A fixed camera must be focused on all marijuana storage areas and access doors at all times. Camera resolution must be 704 x 480 or greater.
11. A drop safe is recommended behind the counter for excess change and cash on hand. Install and maintain a safe in the office.
12. Install and maintain a wide angle viewer in office door(s).
13. Install and maintain a 3 x 18 inch lexan vision panel on any solid door.
14. The street numbers must be twelve (12) inches tall and located at \_\_\_\_\_. The suite numbers must be four (4) inches tall and located on the top section of each door.
15. All patrons must display a photo identification in accordance with DHS guidelines.

16. There shall be a physical separation/counter of at least 48 inches in height between the patron and employee. Separation shall be from wall to wall to prohibit patron access behind the counter. A panic alarm shall be installed behind the counter or worn on a fob by an employee.
17. Video monitor in entry area depicting customers face upon entry visible to customers.
18. All marijuana shall be secured at all times with the exception of real time sales. Marijuana shall be stored after hours in a lockable storage container approved by Tempe Police Crime Prevention.
19. Comply with all Department of Health Services rules and regulations regarding storage, sales, and distribution of marijuana sales and cultivation. All rules set forth in the security plan are in addition to and not in lieu of DHS rules and regulations R9-17-101 – R9-17-315. If there are any conflicts the most restrictive rules shall apply.
20. Hours of operation for a dispensary are limited to not earlier than 8:00 AM and not later than 6 PM, daily.
21. All customers entering the establishment shall remove their hats, sunglasses and other similar objects which obstruct physical identification. This shall not apply to clothing worn over the face for established religious reasons
22. No persons under the age of 21 allowed in the dispensary
23. If the business is located in a suite and shares a wall with an adjacent business, the wall must be reinforced to prevent penetration through the wall from one suite to another. The modified wall must be from floor level to a minimum of 8 feet in height and conform to all building and fire codes. The wall must cover the entire length of the wall that is shared.
24. A burglar alarm shall be installed that will activate upon motion via entrance through the doors, glass, rooftop access and cover any shared wall. The alarm SHALL be monitored by an alarm company.
25. All marijuana shall be dispensed to customers in sealed containers. Container meaning customer shall not receive marijuana in “open air” immediately accessible to the consumer without having to open a container, package, seal.
26. All marijuana being transported to and from the facility with a threshold weight of \_\_\_\_\_ shall be transported with the assistance of two armed security guards. The guards shall meet or exceed the requirements and regulations established by A.R.S 32-2621 through A.R.S 32-2636. Tempe police dispatch must be contacted one hour prior to transport with route location, time, and vehicle description.
27. A controlled access door shall be used at the point of ingress and any

subsequent door(s) which separates the patron area from the employees, cultivation room or any room with marijuana. A controlled ingress door is defined as a door which requires an employee to electronically release the door. This shall prohibit entry into the building and controlled access areas without staff knowledge. There are no restrictions on egress beyond complying with building codes.

#### **IV. PATRON PARKING, INGRESS AND EGRESS, VEHICULAR AND PEDESTRIAN TRAFFIC CONTROL**

##### **1. PARKING**

- a. Any parking used by patrons or employees of the Permittee and any parking area of the Permittee shall be supervised by the Permittee to ensure that the parking areas are used by persons entering and exiting from their vehicles and are not used as a gathering place, for consumption of spirituous liquor, for violations of state or city law, acts of violence or disorderly conduct.
- b. Signs stating "*No Loitering*" shall be posted throughout the parking area utilized by patrons. Signs shall be placed in locations visible to all patrons.

##### **2. PATRON INGRESS/EGRESS**

- a. The entrance to the premises will be continually monitored by Permittee for compliance with the maximum occupancy requirements for the premises.
- b. Identification shall be required of all unknown persons and verified by Permittee or its representatives prior to entry to the office **after hours**. A log of patron identification, including ID type and number, shall be obtained and recorded before patron is granted entry. The log must be maintained by the office personnel.
- c. Entrances and parking areas will be monitored by Permittee or a designated security service.

#### **V. STAFFING AND OPERATIONS**

##### **1. OFFENSES AND POLICE CALLS FOR SERVICE**

The Permittee agrees that it, its agents or employees will not commit or knowingly allow violations of Arizona state law or Tempe city ordinances to occur on the premises utilized by patrons of the Permittee.

Permittee will also inform patrons, through appropriate signage or other means, that acts and conduct prohibited by the following laws and ordinances are not allowed or tolerated by the Permittee on any premises or parking areas utilized by patrons of the Permittee; and that violators will be considered as trespassers by the Permittee, subject to criminal prosecution for trespass in addition to any offense charged.

- a. A.R.S. 4-101 et seq. through 4-261, as amended, Arizona Liquor Laws.
- b. A.R.S. 13-101 et seq. Arizona Criminal Code and A.R.S. 28-101 et seq. Arizona Motor Vehicle Code.
- C. Tempe City Code § 22-8, Curfew. This law sets a curfew for juveniles under the age of sixteen (16) at 10:00 p.m., and for juveniles age sixteen (16) and seventeen (17) at midnight. To comply with this law, Permittee agrees it will not allow any juveniles to remain at any location on its premises 1/2 hour prior to the curfew established in the code unless they are guests of Permittee.

2. DEADLY WEAPONS

Permittee acknowledges that the Tempe Police Department recommends that Permitted notify patrons that the carrying of deadly weapons on the Permittee's premises and Permittee's parking areas is not permitted.

**VI. CONDITIONS OF PLAN**

- 1. COMPLIANCE WITH THE PLAN. Successful execution and enforcement of this Plan may be a requirement and condition of Tempe's use acceptance. Termination, cancellation or non-approval of the Plan constitutes a breach of any condition requiring the existence an approved Security Plan.
- 2. TERMINATION OF PLAN. This Plan will terminate two (2) years from the Security Plan's effective date. It shall be the responsibility of the Permittee to insure the continuation of the Security Plan which may be renewed for two (2) year periods. Permittee must insure the continuation of the Security Plan by contacting the Security Plan Manager sixty (60) days prior to expiration of the Plan.
- 3. VIOLATIONS AND PENALTIES. No person shall operate a use, which requires a Security Plan as directed in Tempe City Code, Section 26-70, in the absence of such required Security Plan or in a manner which violates a Security Plan required by this Article, and is punishable as set forth in Tempe City Code, Section 1-7.
- 4. REVOCACTION OF THE PLAN. The Plan may be revoked by the City of Tempe upon ten (10) days written notice to the Permittee for 1) a violation of the Plan, 2) violation of the conditions of the Use Permit, 3) violation of Tempe ordinances or

law, 4) repeated acts of violence or disorderly conduct as reflected by police calls for service or offenses occurring on premises utilized by patrons of the Permittee, 5) failure of the Permittee to take reasonable steps to protect the safety of person(s) entering, leaving or remaining on the premises when the Permittee knew or should have known of the danger to such person, or the Permittee fails to take reasonable steps to intervene by notifying law enforcement officials or otherwise to prevent or break up an act of violence or an altercation occurring on the premises or on premises utilized by patrons and employees of the Permittee when the Permittee knew or reasonably should have known of such acts of violation or altercations, 6) any enlargement or expansion of the premises, plan of operation or program format without appropriate approvals from Tempe, 7) misrepresentations or material misstatements of the Permittee, its agents or employees.

- a. Permittee may request a hearing to appeal the decision to revoke this Plan by making the request in writing addressed to the Chief of Police of the Police Department, within five (5) days of receipt of the revocation. The Chief of Police, or a designated representative, may modify, affirm or reverse the revocation.
  - b. If the Permittee is dissatisfied with the administrative review by the Police Department, the Permittee may file an appeal in writing with the City Clerk to be heard by the City Council. Any appeal shall be filed within ten (10) days of receipt of the decision of the Police Department, setting forth the reasons why the decision should not be implemented; and
  - c. The City Council, acting in its legislative capacity, may modify or remand the decision of the Police Department.
5. ASSIGNMENT OR TRANSFER. This Plan is not assignable or transferable to Permittee's successors or assigns. The Plan is automatically terminated upon sale or transfer of any interest in the Permittee.
6. SECURITY PLAN CHANGES. Any change in personnel identified in this Plan shall be reported to the Security Plan Manager or his designee within fourteen (14) calendar days after the change. Any change in the plan of operation or program shall be reported to the Security Plan Manager or his designee at least fourteen (14) calendar days prior to the change taking place and is subject to approval by the Security Plan Manager. **The Tempe Police Department may modify this plan at any time as needed, based on but not limited to crime, calls for service, or public safety concerns. These modifications are also appealable as described in section VI, 4a**
7. MEETING REQUIREMENTS. Management of Permittee shall arrange meetings with a representative of the Tempe Police Department for their staff and security personnel pertaining to disorderly conduct, safety, I.D. verification and general security issues prior to opening, and at intervals thereafter or when deemed necessary by the Security Plan Manager or other personnel of the Tempe Police

Department. A letter shall be forwarded to the Security Plan Manager with proposed meeting date(s) and number of employees attending. **Meetings throughout the year will be required as necessary.**

- 8. A copy of this Security Plan must be kept on the premises at all times and shall be made available upon request. Permittee shall provide a copy of their policy and procedures, training documentation and overall operational plan pertaining to security.

APPLICANT:

\_\_\_\_\_

Name:  
Title:  
Address:  
  
Phone:  
  
Date: \_\_\_\_\_

APPROVED:

\_\_\_\_\_

Name:  
Tempe Police Department  
120 East Fifth Street  
Tempe, AZ 85281  
480-350-8749  
  
Date: \_\_\_\_\_